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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/609,168
Filing Date	06/27/2003
First Named Inventor	Peter J. McAlindon
Art Unit	2673
Examiner Name	Not Assigned
Total Number of Pages in This Submission	065250-010

ENCLOSURES (Check all that apply)

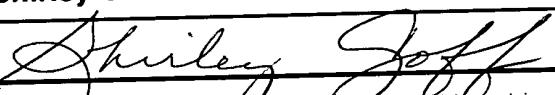
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Norman A. Nixon Beusse Brownlee Bowdoin & Wolter, P.A.
Signature	
Date	October 2, 2003

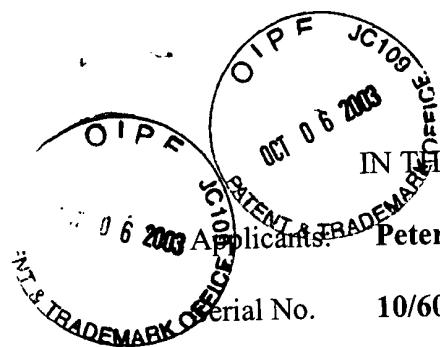
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Shirley Goff
Signature	
Date	10/02/2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Peter J. McAlindon

Group Art Unit: 2673

Serial No. 10/609,168

Examiner: Not Assigned

Filed: 06/27/2003

For: Apparatus And Method For Generating Data Signals

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

- 1. Pursuant to 37 CFR 1.97(b)
(within 3 months of filing or prior to 1st Office Action)
- 2. Certification Pursuant to 37 CFR 1.97(c)
(before Final Office Action or Allowance)
- 3. Fee Payment Pursuant to 37 CFR 1.97(c)
(before Final Office Action or Allowance)
- 4. Petition, Certification & Petition Fee Payment Pursuant to 37 CFR 1.97(d)
(before issue fee payment)

Mail Stop Patent Application
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 & 1.98:

- 5. A list of documents on form PTO-1449 is enclosed herewith.

This paper is submitted in accordance with:

- 6. 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]
- 7. 37 CFR 1.97(c): [before Final office Action or Allowance, whichever is earlier;
and]
- 8. The required certification made in item 11 below; or

[] 9. The \$180.00 fee specified in 37 CFR §1.17(p) for submission of this Information Disclosure Statement.

[] 10. 37 CFR §1.95(d): [before issue fee payment]; and

- a) This is a petition for consideration of the subject Information Disclosure Statement. The petition fee (\$180.00) required by 37 CFR 1.17(i)(1) is authorized in item 14 below. (Direct this letter to: "Attention: PETITIONS EXAMINER" and, if applicable, include batch locator information: e.g., "Allowed Files, Batch ___, Date of Allowance ___"), and
- b) The required Certification is stated in item 11 below.

[] 11. Certification

[] 12. Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement;

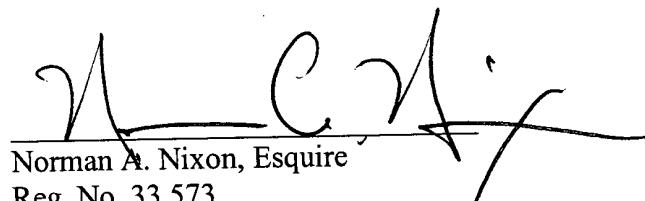
or

[] 13. No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.

[] 14. Please charge all applicable fees associated with the submittal of this Information Disclosure Statement to Deposit Account No. _____.

An original and two (2) copies of this document are enclosed.

Respectfully submitted,



Norman A. Nixon, Esquire
Reg. No. 33,573
Beusse, Brownlee, Bowdoin & Wolter, P.A.
390 North Orange Avenue, Suite 2500
Orlando, FL 32801
Telephone: (407) 926-7709
Facsimile: (407) 926-7720
Email: nnixon@iplawfl.com



CERTIFICATE OF MAILING

I HEREBY CERTIFY that this Information Disclosure Statement is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 2nd day of October, 2003.

Shirley Goff

<p style="text-align: right;">O I P F JCT09</p> <p>Substitute for form 449A/PTO</p> <p style="text-align: center;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p>(use as many sheets as necessary)</p>		Complete if Known	
		Application Number	10/609,168
		Filing Date	06/27/2003
		First Named Inventor	Peter J. McAlindon
		Group Art Unit	2673
		Examiner Name	
Sheet	1	Attorney Docket Number	065250-010

Examiner Signature		Date Considered	
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*** EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered.
Include copy of this form with next communication to applicant.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____

¹ Unique citation designation number. ²Applicant is to place a check mark here if English language Translation is attached.